



EMPLOYMENT OPPORTUNITY APPLICATION

Who's Eligible?

City of Rochester residents age 18 and over, who are interested in work readiness training and valuable work experience. This program is being offered to serve residents, with a priority on serving those with obstacles to attaining and maintaining employment.

Types of Jobs:

Participants in the PRIME Initiative will be trained to work in designated industries hiring both skilled and unskilled entry-level employees. Participants who successfully complete the program will also be eligible for select jobs in private companies, and the City of Rochester.

Application Process:

All applicants must participate in an intake process, which will include an assessment interview and testing to determine readiness for the program. Job readiness training, leadership and character development, community service and additional skills training are also required. If you do not have a high school diploma or GED, you must be enrolled and involved in a GED program to participate in PRIME.

When & Where to Apply:

Applications can be submitted in person at the following location. If you have a resume or certifications please submit them at this time:

City of Rochester
Bureau of Youth Services
Sibley Building, 25 Franklin Street
2nd floor, Suite B5
Rochester, NY 14604-1002
(585) 428-6896

Faxed applications will NOT be accepted.

Please Note:

Program slots in the PRIME Initiative are limited and competitive, and not everyone that applies or participates in the Intake Process will be enrolled or hired. So please continue to look for other employment opportunities in the community.

PERSONAL INFORMATION (print in ink)

NAME _____
LAST FIRST MIDDLE

DEMOGRAPHIC INFORMATION (PLEASE CHECK THE APPROPRIATE DESCRIPTION)

SEX: ____ M ____ F

ARE YOU HISPANIC? ____ YES ____ NO ARE YOU A U.S. CITIZEN? ____ YES ____ NO IF NO, INDICATE STATUS _____

ETHNIC GROUP: ____ CAUCASIAN (WHITE) ____ BLACK OR AFRICAN AMERICAN ____ ASIAN
____ NATIVE HAWAIIAN/PACIFIC ISLANDER ____ NATIVE AMERICAN OR ALASKAN NATIVE

ADDRESS _____
HOUSE # STREET CITY STATE ZIP

TELEPHONE # () _____ MSG# () _____ SOCIAL SECURITY # _____

DATE OF BIRTH _____ EMAIL ADDRESS: _____
MONTH DAY YEAR

EDUCATION

ARE YOU CURRENTLY ENROLLED IN SCHOOL? YES ____ NO ____

NAME OF THE SCHOOL YOU ARE CURRENTLY ATTENDING: _____

IF NO, NAME OF THE LAST SCHOOL ATTENDED: _____

WHAT IS THE HIGHEST GRADE YOU COMPLETED? _____

LICENSES/ PERMITS/ CERTIFICATIONS

DO YOU HAVE...

*PLEASE ATTACH COPIES OF THESE CERTIFICATIONS

WORK PERMIT (REQUIRED IF UNDER 18 YEARS OLD)

☐ YES ☐ NO EXP. DATE _____

VALID DRIVERS LICENSE

☐ YES ☐ NO EXP. DATE _____

* ANY INFRACTIONS (VIOLATIONS) IN THE LAST 18 MONTHS

☐ YES ☐ NO EXP. DATE _____

* CPR CERTIFICATION

☐ YES ☐ NO EXP. DATE _____

* FIRST AID CERTIFICATION

☐ YES ☐ NO EXP. DATE _____

OTHER _____

WORK OR VOLUNTEER EXPERIENCE

PLACE OF EMPLOYMENT _____ SUPERVISOR _____

ADDRESS _____

JOB TITLE _____ DATES: FROM _____ TO _____

DUTIES _____

VOLUNTEER ☐ PAID ☐ ATTACH A RESUME IF YOU HAVE ONE

ADDITIONAL WORK OR VOLUNTEER EXPERIENCE

PLACE OF EMPLOYMENT _____ SUPERVISOR _____

ADDRESS _____

JOB TITLE _____ DATES: FROM _____ TO _____

DUTIES _____

VOLUNTEER ☐ PAID ☐ ATTACH A RESUME IF YOU HAVE ONE

PLACE OF EMPLOYMENT _____ SUPERVISOR _____

ADDRESS _____

JOB TITLE _____ DATES: FROM _____ TO _____

DUTIES _____

VOLUNTEER ☐ PAID ☐ ATTACH A RESUME IF YOU HAVE ONE

LIST ADDITIONAL JOBS ON A SEPARATE SHEET OR ATTACH A RESUME IF YOU HAVE ONE.

INTERESTS/ SKILLS/ ABILITIES

LIST ANY SPECIAL SKILLS: _____

ENTRY-WORK INTERESTS: _____

LIST ANY CLUBS, SPORTS OR ACTIVITIES IN WHICH YOU ARE INVOLVED: _____

LIST ANY CERTIFICATES AND AWARDS YOU HAVE RECEIVED IN THE PAST TWO YEARS: _____

DO YOU HAVE BASIC COMPUTER SKILLS? ☐ YES ☐ NO DO YOU HAVE PHYSICAL RESTRICTIONS? ☐ YES ☐ NO

CAN YOU WORK EVENINGS? ☐ YES ☐ NO If yes, describe (can't lift, color-blind, etc.) :

CAN YOU WORK WEEKENDS? ☐ YES ☐ NO _____

CAN YOU WORK (Check one or both) ☐ INDOORS ☐ OUTDOORS

WHY SHOULD YOU BE SELECTED FOR THIS PROGRAM? _____

TURN OVER FOR ADDITIONAL QUESTIONS

FAMILY INFORMATION

CONFIDENTIAL INFORMATION—WILL NOT BE SHARED OUTSIDE OF THE PROGRAM.

1. PLEASE CHECK ALL THAT APPLY - ARE YOU OR YOUR FAMILY RECEIVING:

- ☐ PUBLIC ASSISTANCE/TANF IF YES, PA CASE # _____
- ☐ FOOD STAMPS IF YES, FS CASE # _____
- ☐ FREE OR REDUCED LUNCH IN SCHOOL YES ☐ NO ☐

2. ARE YOU A YOUTH IN FOSTER CARE? YES ☐ NO ☐

3. NUMBER OF PEOPLE IN YOUR FAMILY (HOUSEHOLD): _____

4. HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES ☐ NO ☐

IF YES, EXPLAIN: _____

5. HAVE YOU REGISTERED FOR SELECTIVE SERVICE (for males aged 18+) YES ☐ NO ☐ NA ☐

SIGNATURE

APPLICANT:

I have answered truthfully. If I have given any false information, I understand that I may be terminated from the program. Additionally, I agree to allow for my recorded image or voice to be used for promotional materials, and understand that I will not be compensated should this occur.

Applicant Signature _____

Date _____

BEFORE TURNING IN YOUR APPLICATION BE SURE:

- ☐ This application is filled out in ink. ☐ This application is signed.

AFTER TURNING IN YOUR APPLICATION:

- You will be contacted for the Intake Process. All applicants must participate in the Intake Process, which will include training, interview and an Intake Assessment to determine readiness for employment in the program.
- You must be dressed for an interview for all appointments and interactions with the program or job interview sites.
- If you move or your telephone number changes, it is your responsibility to let the program office know!
- PRIME is not a job placement agency. There is no guarantee of employment.
- If you have questions, call us at:

City of Rochester
Bureau of Youth Services
Sibley Building, 25 Franklin Street
Second Floor, Suite B5
Rochester, NY 14604-1002
585-428-6796

OFFICE USE ONLY

Attendance _____%

GPA _____

Income Eligible Y N

Staff Initials _____

Date Received: _____